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23858 7590 04/15/2005

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TIMOTHY M. HONEYCUTT (Depositor's name)
Timothy M. Honeycutt (Signature)
July 1, 2005 (Date)

07/05/2005 HDEMESS2 00000068 010365 10676904

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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/676,904	10/01/2003	James F. Buller	AMDI:132/HON	8070

TITLE OF INVENTION: LATERAL DIODE WITH MULTIPLE SPACERS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$1400	07/15/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
PHAM, THANH V	2823	257-288000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
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1. TIMOTHY M. HONEYCUTT
2. _____
3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

ADVANCED MICRO DEVICES, INC.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

SUNNYVALE, CA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

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- ☒ Issue Fee
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- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Timothy M. Honeycutt

Date

July 1, 2005

Typed or printed name

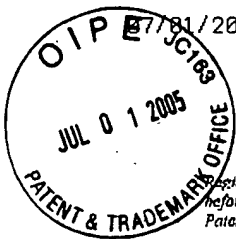
TIMOTHY M. HONEYCUTT

Registration No.

37,153

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FAX NUMBER TRANSMITTED TO: (703) 746-4000

To: **MAIL STOP ISSUE FEE**
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From: Timothy M. Honeycutt
Client/Matter: 10/676,904 (Atty. Dkt. No. AMDI:132\HON)
Date: July 1, 2005

DOCUMENTS	NUMBER OF PAGES*
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Fee address indication form	1

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